12 FE 14M 527 hards II, John ... Farming Decompter Co., oneyland than nowl nanh. 220/24 A miles Sun established a Transcor minimum to 1741, 72 . x 1 1/4 wintered, to the test of the contract of the c

FUNERAL DIRECTO

**VR A15** 

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25H REGISTRAR'S SIGNATURE

25g. REC'D BY REGISTRAR

Alas - It was the same of the same of The state of the s and the second s Carlo Branch Committee Com 110 0 0 1 Comment to the contract of the state of the

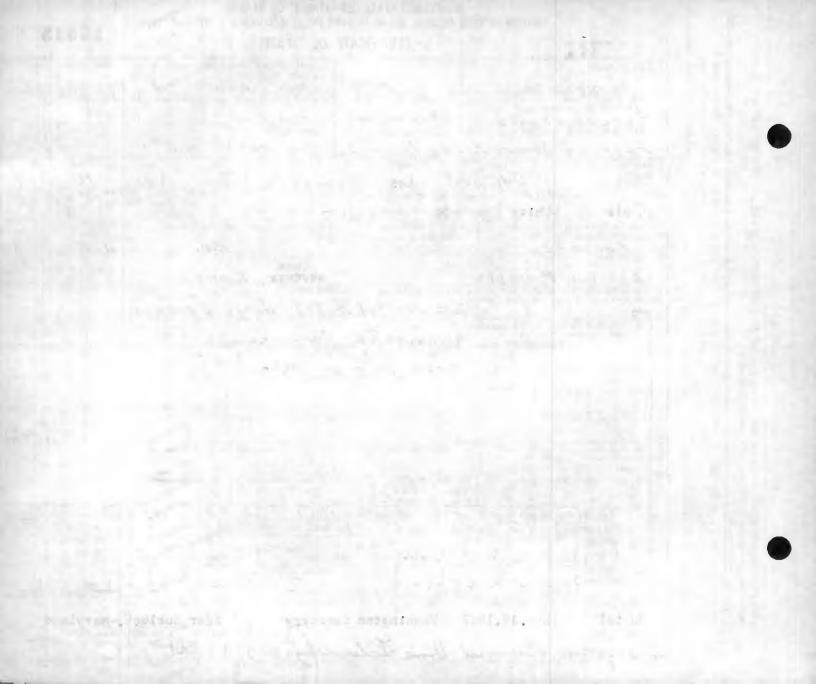
## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

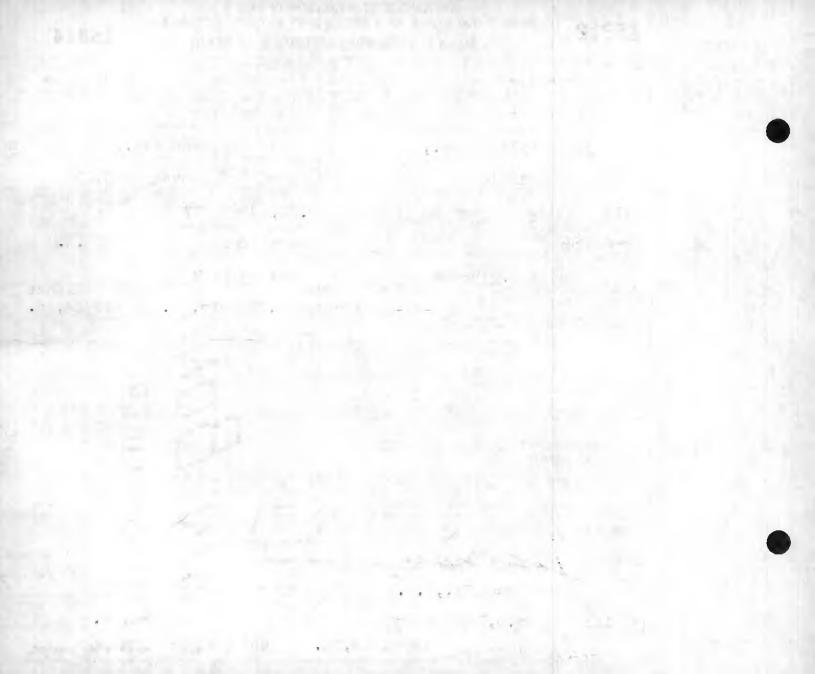
15315

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTA b. COUNTY DORCHESTER DORCHESTER MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) HURLOCK CAMBRIDGE 24R 10 mc d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give sfreet address) d. STREET ADDRESS ON A FARMS 205 YES NO NAME OF 4. DATE Month Year DECEASED OF EdWARD BOWDLE NOV. 16 1967 (Type or print) Lee DEATH S. SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours White WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? 154 FARMER. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gave rise to immediate cause (o), DUE TO stoting the underlying couse 19. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year (County) Hour 'o.m. foctory, street, office bldg., etc.) Not While of work 21. I certify that AH (this haspital) attended the deceased fram 19 1, and that death accurred at 4 M, fram causes and an the date stated abave. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED ATTENDING 22d. ADDRESS NAME (Type) 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Nov. 19.1967 Washington Cemetery Near Hurlock, Maryland 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

death. **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death funeral filled in papers carban and in any ond ar remaval, burial-transit ar attending physician. signed burial. ficate has been s far use as the t Health priar ta b certificate has by the haspital be retained DIRECTOR: eq director, pay Page 4 may TO FUNERAL VR A15 (4) 25M 1/67

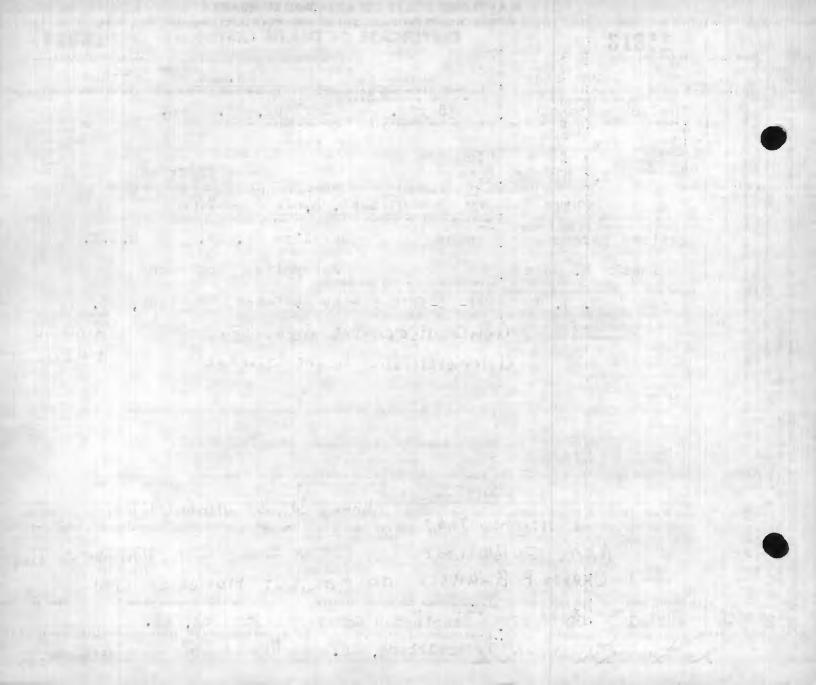


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15312 15316 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE Maryland b. counthorchester delay is and 3 to Dorchester P.M3. Page MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Years Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE with farm ON A FARM? 317 Maryland Ave.. 317 Maryland Ave.. YES NO PC This certificate should be executed within 24 hours after death. Icate, writing the word "pending" in pencil in Item 1.8, Give Pages 3. NAME OF Middle First 4. DATE Lost Month Yeor DECEASED OF November 3, 1967 Willie May Brocato Thomas (Type or print) ce along IF UNDER 1 YEAR S SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF LINDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Hours White Nov. 20. Female WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT INDUSTRY Cambridge the certificate, writing the word "pending" in pencil in 4 shauld be forwarded to the Chief Medical Examiner's offi 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lena Barrack James R. Thomas IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Add@ 5 Radiance Dr (Yes, no, or unknown) (If yes give wor or dates of service event within Joseph S. Brocato, Jr., Cambridge, Md. 220-32-1479 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) writing the word DUE TO in any Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse ond be used 19. WAS AUTOPS removal PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? the certificate, NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 3 should 10 PRIMARY CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) foctory, street, office bldg., etc.) Not While at work 21. I certify that I taok charge of the remains described above, held an Autapsy and in my apinion Inspection Inquiry [ for death resulted from: Natural causes Undetermined manner Accident Suicide Homicide be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER **EXAMINER'S** TO FUN. Health p NAME (Type) Address (Street, city, town, or county) Mace. Jr. 230. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Burial Burial Cambridge, Md. Cambridge Cemetery 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15ME NOV 6 Cambridge. Nd. 1967 Ochania V



## VISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Md. Dorchester Dorchester MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town! Hurlock, Md. RFD. Hurlock 75 Vrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES IX NO none none executed 3 NAME OF First 4. DATE Middle Last Month Day Year DECEASED OF [Type or print] DEATH Elwood Cohee 19 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED S. SEX 8. DATE OF BIRTH 9. AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) pue Months male WIDOWED TX DIVORCED physician 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stele, or toreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of warking life, even if retired) U.S.A. Caroline Co. Md. retired farmer same 13. FATHER'S NAME M. MOTHER'S MAIDEN NAME affending Josephine Coubourne 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address requires that the (Yes, no, or unkown) | (If yes give wer or detes of service) Hurlock, Md. 215-36-1320 Dorthy M. Cohee 18. CAUSE OF DEATH lenter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY, Uchte myocardial infarction hours peub IMMEDIATE CAUSE (e) DUE TO arterioselerotic heart disease Conditions, if any, which gave rise to immediate cause DUE TO (e), sleting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY GERTIFICATION PERFORMED? NO 950 20a. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURED, lEnter nature of injury in Part I or Part II of item 18. Por OR CONTRIBUTING | CAUSE OF DEATH the this IIF EITHER, NOTIFY MEDICAL EXAMINER detached MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or lown) (County) factory, street, office bldg., etc.) While Not While at work et work CIOR 21. I certify that (i) (this hospital) attended the deceased from January saw the deceased alive on november 17 Pino 22e. SIGNATURE 22b. DATE ATTENDING SIGNED PHYS. DIRECTOR PHYS. M.D. death. Page 4 page 22d. ADDRESS 22c. PHYSICIAN'S BARROSD director, I be filed v 238. BURIAL, CREMATION, | 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Steta) REMOVAL (Specify 0 Cemetery Hurlock, Md. Duri 250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Rederalsburg. Md. 1SM 7/61 wester

RYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased I ved, if institution. Residence before admission a. COUNTY o STATE b COUNTY DORCHESTER hours after MARYLAND MARYLAND b CITY OR TOWN (If autside carparate limits, CLENGTH DE STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURA, and give negrest tawn)
RURAL - CHRIST ROCK RURAL - CHRIST ROCK d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ⊆ d. STREET ADDRESS e IS RESIDENC ON A FARM? CAMBRIDGE, MD. RFD #1 RFD 1 CAMBRIDGE. MD. completely, fille NO IX requires that the deoth certificate be executed within 3 NAME OF Middle 4 DATE Last Year DECEASED (Type or print) LILLTAN HOMPSON CONAWAY NOVEMBER DEATH 19 19 67 and in any event 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years IF UNDER I YEAR JNDER 24 HRS remove lost birthday) Months Dovs Hours NEGROID FEMALE WIDOWED DIVORCED 1923 IDa USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CTIZEN OF WHAT 1: BIRTHPLACE (County & State, at fareign country) during most of working life, even if retired) INDUSTRY COUNTRY? DORCHESTER CO. . MD. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or remayal, THOMPSON AGNES PTNDER IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates af service) 220-10-6408 AGNES P. THOMPSON RFD #2 CAMBRIDGE. 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c),) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ONSET AND DEATH by the hospitol or attending physician. アアン DUE TO Conditions, if any, which gave a rise to immediate cause (a). **DUE TO** stating the underlying couse be detached for use as the State Dept. of Health priar to this certificate has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? 01 NO I 2Da ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 1 of Item 181) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJRY Month, Day, Year 20d INJURY OCCURRED 2De PLACE OF INJURY (Home, farm. 20f (Cly or town) (County) (State) Hour om. factory, street, affice bldg., etc.) Nat While ATTENDING TO FUNERAL DIRECTOR: After at wark at work 21. I certify that (1) (this hospital) attended the deceased from\_ 1967 to Nov-19 196 7that (1) (we) last be retained 19 6 7 and that death accurred at 11 P M, from causes and an the date stated above saw the deceased alive an 200-1 22a SIGNATURE 226 DATE SIGNED M D DIRECTOR PHYS director, page should be filed 22d ADDRESS 22c. PHYSICIAN'S Poge 4 moy NAME (Type) J. U. THOMPSON. M. D. 602 LOCUST STREET CAMBRIDGE. 23a BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 11/24/67 FORK NECK FORK MD. ADDRESS 25a REC'D BY REGISTRAR 2Sb REGISTRAR S SIGNATUR VR A15 (4) 25M 1/67 CAMBRIDGE, MD. 1967

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) o. COUNTY o STATE b. COUNTY MARYLAND b CITY OR TOWN ( f outside corporate limits c LENGTH OF STAY IN 16 c CITY OR TOWN (if gutside corporate | m ts, write RURAL and give nearest tawn) e IS RES DENCE ON A FARM? not in baspital, give street address) d STREET ADDRESS YES NO X NAME OF DATE Month Day Year DECEASED OF DEATH (Type or pnot) 19 MARRIED NEVER MARRIED DATE OF BIRTH 9 AGE (In years YEAR IF UNDER 24 HRS (Jast birthday) Manths Haurs WIDOWED DIVORCED 1Da USUAL OCCUPATION (Give kind at work dane during most af working life, even if retired) TOO. KIND OF BUSINESS OR 12 CIT ZEN OF WHAT INDUSTRY COUNTRY? Husun 13 FATHER S NAME 14 MOTHER SAMAIDEN NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 JINFORMANT (Yes, no, or unknown) (If yes give wor or dates of service 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave 3 rise to immediate couse (a). DUE TO stating the underlying couse (c) WAS AUTOPSY PERFORMED? PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS GIVEN IN PART 1(a) NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of term 18.) 20g ACCIDENT WAS UNDERLYING ! OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF IN. JRY Month. Dov. Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Hame, form (City or fown) (County) (Stote) Hour a.m. While Not While factory, street, affice bldg., etc.) 19 at work 1960 21. I certify that (i) (this hospital) oftended the deceased from 1961, that (1) (we) last and that death accurred at 2 sow the deceased alive on M, from causes and on the date stated above 220. SIGNATURE 22b DATE SIGNED STAFF M D PHYS DIRECTOR PHYS 22d

NAME OF CEMETERY OR CREMATORY

23d LOCATION (City or Town)

25a REC D BY REGISTRAR

Al County)

25b REGISTRAR'S SIGNATURE

The law requires that the death certificate be executed within 24 hours after death. funeral 1 and .⊆ filled corbon completely ond in any event, remove ond attending physician sermit. Then please cremation, or removol, the signed by the burial-tronsit **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires tho Page 4 may be retained by the hospital or ottending physician. burial has been be detoched for use os the State Dept. of Health prior to this certificate DIRECTOR: After with file director, poga 3 FUNERAL 9 VR A15 (4) 25M 1/67

230 BURIAL CREMATION

24 FUNERAL DIRECTOR

MOVAL (Specify)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 after death. and 2 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY the starter **b. COUNTY** a. STATE Lorchester Dorchester MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 24 hours Church creek 6 hours Cambridge papers: d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) B. IS RESIDENCE d. STREET ADDRESS ON A FARM? ove carbon pap event, within NO X Jambridge-Laryland Conte YES letely within NAME OF First DATE Year Middle Month DECEASED arold urst (Type or print) Pelaha DEATH ov.la 19 executed 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. OATE OF BIRTH d by the attending physician and cor ransit permit. Then please remove cremation, or removal, and in any ew 7. MARRIED X NEVER MARRIED last birthday) Months | Days Hours Male hite ec.23,1878 WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? certificate be 'e wed shipping Carbridge 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Dariel Delaha Laura 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. death (Yes, no, or unknwn) I (If yes give war or dates of service) 218-20-142 elm. Church Craek INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] PHYSICIAN: The law requires that the ned by th I-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) n signed l burial-trai burial, cri DUF TO Conditions, If any, which (b) peen gave rise to immediate the to DUE TO cause (a), stating the prior 1 underlying cause last. (c) ass CERTIFICATION 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) r this certificate had detached for use a te Dept, of Health p PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING [] INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) After a could be the se Hour a.m. While Not While ATTENDING 19 at work at work 19.6 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: Jage 3 should lied with the M. from the causes and on the date stated above. saw the deceased alive on. and that death occurred at 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF BE FUNERAL D PHYS. may HOSPITAL PHYSICIAN'S 22d. ADDRESS TO FUNERAL director, p should be NAME (Type) 23d. LOCATION (City, town or county) (State) BURIAL, CRÉMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVÁL (Specify) old Trinity Churchvaild. Thurch Creek. rd. urial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDR ESS UNERAL DIRECTOR VR A15 (4) ar brid. e.! d. 20M



7 1	tem 21 Film 395 11-27-67 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	15317 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 PLACE OF DEATH o. COUNTY DORCHESTER  MARYLAND  2 USUAL RESIDENCE (Where deceased ived, if institution Residence before admission) a. STATE Maryland  b. COUNTY Wicomico
deloy is cond 3 to PM3. Page	b CITY OR TOWN (I outside corporate mils, write RURAL and give nearest town)  Rural - Cambridge dage  C LENGTH OF STAY N 1b  C CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  Piffs Ville
11	a name of Hospital or institution from in hospital, give street address)  Lastern Shore State Sloap: tal U.S. Rt. 50  e is residence on a farm?  YES NO
hours after death 1f Item 18. Give Pages 1, Office along with form Iond2 with the State Be event within 72 haurs	3 NAME OF DECEASED (Type or print) Carrie HESTER E-11:0++ DATE OF DEATH NOV. 19 1967
hours after deat tem 18. Give Po Office along with and 2 with the St event within 72	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 18 DATE OF BIRTH  Female White w dowed Divorced Market 1888 9. AGE (In years In which I year IF UNDER 24 HRS  Monitis Days Hours Min.
24 in ar's ar's	100 JSUAL DCCUPAT ON (GIVE kind of work dane during most of working life, even if retired)  ON KNOWN - None  100 KIND OF BUSINESS OR II. BIRTHPLACE (Stole or foreign country, COUNTRY?  Delaware  11. BIRTHPLACE (Stole or foreign country, COUNTRY?  COUNTRY?
withir penci xamin ile po	13 FATHER'S NAME  JOHN'SON  14. MOTHER'S MAIDEN NAME  Sallie Mary Donoway
	15 WAS DECEASED EVER N. U. S. ARMED FORCES?  (Yes no go unknown); (If yes give war ar dates of service)  [IN KNOWN   Faster N Store State Haspital  [IN KNOWN   Faster N Store State Haspital  [In Cause of property only one course per no for (a) (b) and (a) Mrs. Anna Schevel (G. Daughter), Salisbar Yigmind
d be ex d 'penc Chief M ransit p	PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  ONSET AND DEATH  ONSET AND DEATH
NVER: This certificate should be executed no certificate, writing the word "pending" should be farworded to the Chief Medica files.  3 should be used as a buriol-transit permit ent, prior to buriol, cremation, or removal,	Canditions, if ony, which gove (b)  The continuous cause (a)  DUE TO  DUE TO  DUE TO  DUE TO
cert-ficate , writing th arworded i used as o buriol, cre	lost (c)  PART I OTHER SIGNAFICANT CONDITIONS CONTRIBITING TO DEATH RIT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I/O)  19 WAS AUTOPSY
This ce icate, w be farv I be use	PERFORMED?  YES NO  PRIMARY or CONTRIBUTING  20a EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING  A SE OF DEATH  CA. SE OF DEATH
INER: e certifi should files. 3 should int, prio	S 20c TIME OF INJURY Month Day Year 20d INJURY OF OFRED 20c PLACE OF INJURY (Hame form 20f (City or town) (County) (State)
MEDICAL EXAMINER: This please execute the certificate, director Page 4 should be foretained for your files.  DIRECTOR: Page 3 should be used to	21. I certify that I took charge of the remoins described above, held an Autopsy , Inspection , Inquiry , and in my opinio
ibrital E ise execu- sector Par ined for RECTOR: B esignated	death resulted from. Natural causes , Accident , Suicide , Hamicide , Undetermined manner .
DEPUTY MEDICAL PRESENT, please extra funeral director is may be retained in FUNERAL DIRECTOR Seconds or its design	ACTUAL SIGNATURE  M D ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  112-01-
o DEPUTY MEDICAL EXAMINER: This necessory, please execute the certificate, the funeral director Page 4 should be fis may be retained for your files.  O FUNERAL DIRECTOR: Page 3 should be Health or its designated agent, prior to	NAME (Type) JOHN (ACE JK. Address (Street, city, town, or county)  230 BURIAL (REMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State)
VR A15ME (5)	REMOVAL (Specify) Burial (Specify) Nov. 22, 1967 Pittsville Cemetery Pittsville, Maryland  24 FUNERAL DIRECTOR HOLLOWAY & COMPANY, SALISBURY, MARYLAND  250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE AND 21 1967
6M 1/66	HOLLOWAY & COMPANY, SALISBURY, MARYLAND DATNOV 2 1 1967



MARYLAND STATE DEPARTMENT OF HEALTH DWISION-OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH hours after death 1 PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY arvlard Dorchester Dorchester MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Car bridge lifetime Cambridge A. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled ON A FARM? Locust YES NO NO Cambridge-Nd. Hospital etely The law requires that the death certificate be executed within carbon NAME OF Last DATE Month Dav Middle DECEASED November 12 1967 (Type or print) Cornelia Elliott DEATH arv AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. Last birthday) Months | Days | Hours | Min. DATE DE BIRTH and con remove 5. SEX 6. COLOR OR RACE 8. NEVER MARRIED VI 7. MARRIED any Nov. DIVORCED [ WIDOWED Famale White 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT COUNTRY? c 10b, KIND OF BUSINESS OR 11. BURTHPLACE (County & State, or foreign country) attending physician rmit. Then please during most of working life, even if retired) INDUSTRY Elliott, Md. Yacht Club U.S. Secretary 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal Elsie Harding Filhourne 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. 9 (Yes, no, or unkown) (If yes give war or dates of service) 1-ilbourne cremation. Elliott Locust INTERVAL BETWEEN 18. CAUSE OF DEATH [ Enter only one cause; per line for (a), (b), and (c).] -transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) þ signed been signe DUE TO Conditions, If any, which gave rise to immediate the cr DUE TO cause (a), stating the underlying cause last. CERTIFICATION 19 WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH PERFORMED? certificate YES ND 20a. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of Item 18.) detached fr MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING at work at work 1966 to b 21. I certify that (I) (this hospital) attended the deceased from 2. that (I) (we) last the DIRECTOR: age 3 should led with the and that death occurred at 3 C.M. from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE page STAFF ATTENDING PHYS. DIRECTOR M.D. Тау PHYSICIAN'S 220 J ADDRESS FUNERAL director, I should be NAME (Type) BURIAL, CREMATION, 1 23b. DATE THEREDE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Carbridge Cenetery Cambaid e ld. Burdal 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR Cambridge Md. VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15313 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a STATE o. COUNTY b COUNTY ORCHESTER MARYLAND b C.TY OR TOWN (If autside corporate limits c LENGTH OF STAY IN 1b write RURA, and give nearest fown) write RURAL and give nearest town) 40 < 15 e IS RESIDENC ON A FARM OR INSTITUTION (If not in hospital, give street address) in pencil in Item 18. Give Pages 3 NAME OF Middle 4 DATE First ten. Month DECEASED (Type or print) DEATH alang with S SEX IF UNDER 1 YEAR 7 MARR ED NEVER MARR ED AGE (In years Jast-birthday) Months Hours event within 72 haurs after death WIDOWED' DIVORCED land2 Office 10o US. AL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS DR BIRTHPLACE (State or fareign country, 12 CT ZEN OF WHAT during mast at working life, even it ret red) INDUSTRY Examiner's 11151 13 FATHER'S NAME e 15 WAS DECEASED EYER IN .. S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANI Address Chief Medical (Yes, no, prunknown) If I yes give war or dates of service INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) ONSET AND DEATH DEATH WAS CAUSED BY. This certificate should be IMMEDIATE CAUSE (a) writing the ward DUE TO burialthe any Canditians, if any, which gave rise to immediate couse (a), farwarded ta = DUE TO stoting the underlying couse used PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1/c 19 WAS ALTOPS ar remayal, PERFORMED? 3 NO pe 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED 'Enter noture of injury in Part I or Part II of item 18' 3 shauld PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH cremat an, MEDICAL 20e P.ACF OF IN URY Home, form 2Df 1f ty or fown 20c TiME OF NULRY Month, Day, Year 20d NIURY OCCURRED Hour am. factory, street, affice bldg., etc.) your Nat While DIRECTOR: Page please execute at work L of work 21. I certify that I took charge of the remains described above, he d on Autopsy Inspection Inquiry and in my opinion deoth resulted from Noturol couses Accident Su cide Homicide Undetermined monner be retained CHIEF MEDICAL EXAMINER ACTUAL 22, DATE SIGNED prior 1 ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL funera DEPUTY MEDICAL EXAMINER EXAMINER'S Health ! yem Address (Street city town or county) 230- RURIA TREMATION. 23b 23d LOCATION 0 REMOVAL (Specify) 250 RECD BY REGISTRAR 2Sb REGISTRAR S SIGNATUR NERAL DIRECTOR VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 45370 CERTIFICATE OF DEATH PLACE OF DEATH ofter deo 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY p. STATE b. COUNTY MARYLAND CRY OR TOWN (If outside corparate limits. c LENGTH OF STAY IN 16 c C TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest flown 24 hours d\_HAME OF HOSPITAL OR HISTITUTION (If not in hospital, give street address) .= d STREET ADDRESS e IS RESIDENC ON A FARM filled i NO R YES The law requires that the death certificate be executed within and in any event, with 3. NAME OF Middle corbon 4. DATE Lost Dov Year completely DECEASED (Type or print) OF di DEATH S SEX IF UNDER 1 YEAR NDER 24 HRS 7. MARRIED 9. AGE (In years **NEVER MARRIED** remove Months bythdoy) Dovs Hours WIDOWED D DIVORCED and 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 SITIZEN DE-WHAT during frost of working file, even 'f refred) physician a ien pleose INDUSTRY 13. EATHER'S NAME **D FUNERAL DIRECTOR:** After this certificate has been signed by the attending physi director, page 3 should be detached for use os the buriol-transit permit. Then ple should be filed with the State Dept. of Health prior to burial, crematian, or removal, 14. MOTHER'S MAUDEN NAME attending physical Inen I WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO dofestof service 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) the INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CALSE (0) DUE TO Conditions, fony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse be retained by the hospital or attending lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? CERTIFICATION NO OR ATTENDING PHYSICIAN: 200 ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c T ME OF INJURY Month, Doy, Year 20d MaJRY OCCURRED 2De PLACE OF INJURY (Home, farm (City or town) (Stote) (County) Hour 'o.m. While Not While foctory, street, office bldg., etc.) ot work of work TO FUNERAL DIRECTOR: After 21 | certify that (1) (this hospital) attended the deceased fram sow the deceased alive and M, fram causes and an the date stated above and that death accurred at 22b. DATE SIGNED M.D PHYS 22c. PHYSICIAN'S Page 4 moy b 22d. NAME (Type) BUR AL, CREMAT ON NAME OF CEMETERY OR CREMATORS (County) (Stote) REMOVAL(Specify) 10 FUNERAL DIRECTOR VR A15 (4) 25M 1/67





1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21207
	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
I.	PLACE OF DEATH  o. COUNTY  DORCHE STER  DORCHE STER  D. COUNTY  DORCHE STER  MARYLAND  O. STATE  MD. B. COUNTY  KENT  V
	to CTY OR TOWN (If outside corporate mits, write RURAL and give nearest town)  Write RURAL and give nearest town)  RURAL CAMBRIDGE  C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  ROCK HALL
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d STREET ADDRESS  e IS RESIDENCE ON A FARM?  YES \( \bigcup \) NO \( \bigcup \)
	3 NAME OF First Middle Last 4 DATE Manth Day Year DECEASED (Type or print) SARAH JOYNER HICKEY DEATH NOV. 20 19 67
	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years let where 1 Hours Min. Months Days Hours Min. 83 yrs
	100 US_AL OCCUPATION (G ve kind of work dane during most of working life, even if retired)  10b KIND OF B_S NESS OR INDUSTRY  10b KIND OF B_S NESS OR INDUSTRY  10c US_AL OCCUPATION (G ve kind of work dane during most of working life, even if retired)  10b KIND OF B_S NESS OR INDUSTRY  10c US_AL OCCUPATION (G ve kind of work dane during most of working life, even if retired)  10b KIND OF B_S NESS OR INDUSTRY  10c US_AL OCCUPATION (G ve kind of work dane during most of working life, even if retired)  10c KIND OF B_S NESS OR INDUSTRY  10c US_AL OCCUPATION (G ve kind of work dane during most of working life, even if retired)  10c KIND OF B_S NESS OR INDUSTRY  10c US_AL OCCUPATION (G ve kind of work dane during most of working life, even if retired)  10c KIND OF B_S NESS OR INDUSTRY  10c US_AL OCCUPATION (G ve kind of work dane during most of working life, even if retired)  10c KIND OF B_S NESS OR INDUSTRY  10c US_AL OCCUPATION (G ve kind of work dane during most of working life, even if retired)  10c KIND OF B_S NESS OR INDUSTRY  10c US_AL OCCUPATION (G ve kind of work dane during most of working life, even if retired)  10c KIND OF B_S NESS OR INDUSTRY  10c US_AL OCCUPATION (G ve kind of work dane during most of working life, even if retired)  10c KIND OF B_S NESS OR INDUSTRY  10c US_AL OCCUPATION (G ve kind of work dane during most of working life, even if retired)
	13. FATHER'S NAME  SAMUEL JOYNER  SARAH DEFORD
	IS WAS DECEASED EVER IN J. S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)  705-12-4415 HOSPITAL RECORDS E.S.S.H.
Ī	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (b) TERMINAL PNEUMONIA  9047 DUE TO  INTERVAL BETWEEN ONSET AND DEATH 3 DAYS
	(and the ons of any, which gave is to a minediate cause (a).  Stating the underlying couse (b) FRACTURE NECK OF RIGHT FEMUR 1 MO.
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)
1	PERFORMED? YES NO A  200 EXTERNAL CAUSE WAS PRIMARY I ar CONTRIBUTING CAUSE OF DEATH  201 FELL IN HOSPITAL
	20c TIME OF INLURY Month, Doy, Year  20c TIME OF INLURY Month, Doy, Year  While Datwork Day Hour a m. Do/20/67 19  20d INLURY OCCURRED 20e PLACE OF NJURY (Mome farm, factory, street, office bldg, etc.)  Cambridge Dor MD
	21. I certify that tack charge of the remains described above, held an Autopsy, Inspection, Inquiry and in my opin on deoth resulted from: Natural causes, Accident ** Suicide, Homicide, Undetermined manner
	ACTUAL SIGNATURE MD ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
	EXAMINER SAME (Type)  JOHN MACE JR.  DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)  11/20/67
_	230 BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (Signe)  24 FUNERAL DIRECTOR 2  25 REC D 87 REGISTRAR 25b REG STRAR'S SIGNATURE
A	Edga I - Tomo Luch Mille Met paremon 27 1967 or borles Judge

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 .5327 CERTIFICATE OF DEATH hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where decrosed lived, if institution Residence before admission) o. COUNTY o. STATE **b.** COUNTY Dorchester Maryland Dorchester MARYLAND c CITY OR TOWN (If outside corporate firmts, write RURAL and give nearest town)

Cambridge - Rural c LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, 51 days d. STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) event, w.thin 72 Cambridge-Maryland Hospital Town Point YES NO X 3 NAME OF First Middle 4 DATE Month Lost Doy Year DECEASED HARRY LEE HIGGINS 29 November 19 67 DEATH (Type or pnnt) complet 5 PHYSICIAN: The law requires that the death certificate be executed IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** 8. DATE OF BIRTH 9 AGE (In years lost bighdoy) Months Hours Sept. 8, 1889 Male White ond in ony WIDOWED X DIVORCED 12 CITIZEN OF WHAT 10e USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) COUNTRY Dorchester Co., Maryland ottending physician sermit. Then please 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, cremation, or removal, James Merritt Higgins Della Larrimore 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes give wor or dates of service) 219-14-4546 H. Jerome Higgins, Cambridge, Md., RFD INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))
PART I. DEATH WAS CAUSED BY buriol-tronsit IMMEDIATE CAUSE (o) signed by **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physicion. DUE TO Conditions, if only, which gove rise to immediate couse (a), DUE TO stoting the underlying couse as the WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) has NO 200 ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18) OR CONTRIBUTING CT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20f (City or fown) 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) (Stote) Not While Hour om foctory, street, office bldg., etc.) of work ot work 21. I certify that (1) (this haspital) attended the deceased fram-~19\_\_\_, that (I) (we) last and that death accurred at 9:20 Mram couses and on the date stated above saw the deceased alive an\_ 220 SIGNATURE 22b DATE SIGNED M.D. DIRECTOR PHYS. director, page should be filed 22d ADDRESS 22c PHYSICIAN S FUNERAL NAME (Type) OF CEMETERY OR CREMATORY BUR AL, CREMATION 23b DATE THEREOF REMOVAL (Specify)
Burial Dec. 2,1967 East New Market, Maryland East New Market Cemetery 250 REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. FUNERAY DIRECTOR. VR A15 (4) J. Framptom and Son, Federalsburg, Md. Charles 25M 1/67

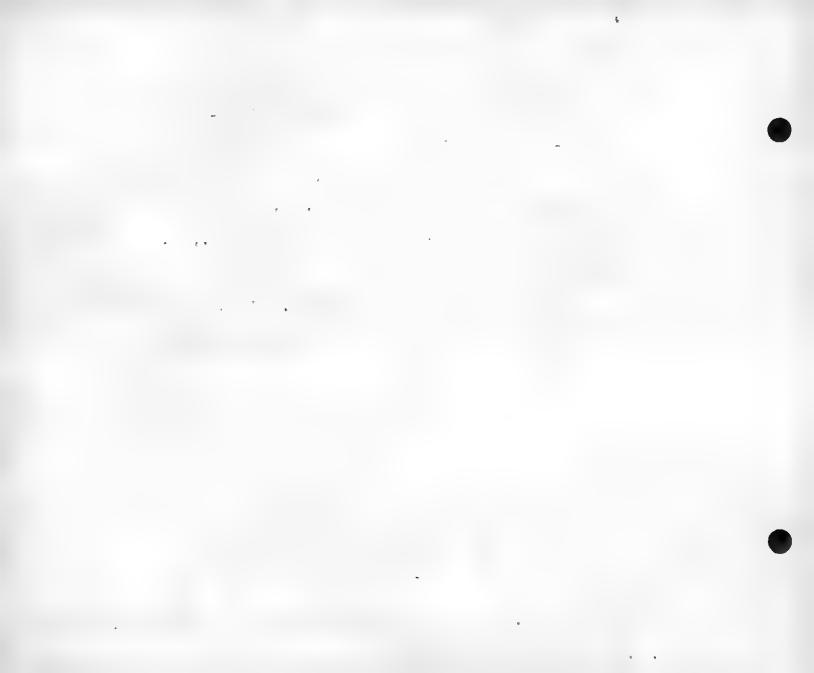
MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution Residence befor admission b. COUNTY Dorchester a COUNTY o. STATE delay is and 3 to Page Dorchester Maryland of 0 MARYLAND b CITY OR TOWN (If autside corporate imits CLENGTH OF STAY N 1b. c (ITY OR TOWN (I outside corporate limits, write RURAL and give nearest town) 2, and PM3. and portm write RURAL and give nearest fawn) DOA Hurlock - Rural Cambridge e IS RESIDENCI d NAME OF HOSP TAL OR INSTITUTION (If not in hosp tol, give street address) d STREET ADDRESS form ON A FARM? in pencil in Item 18 Give Pages 1, Cambridge-Maryland Hospital Petersburg YES NO X land 2 with the State This certificate should be executed within 24 hours after death Office along with DATE 3. NAME OF Midd e Month First Lost Year DECEASED JAMES CLIFTON **JOLLEY** November 21 67 19 (Type or print) DEATH IF UNDER 24 HRS 9 AGE (In years IF UNDER 1 YEAR S SEX 6 COLOR OR RACE 8 DATE OF BARTH 7 MARRIED NEVER MARRIED lostshythdoy) Nov. 26, 1914 Hours Male Negro event within 72 hours after death. WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during mast of working life even frettred)

Day Laborer Canning Factory COUNTRY? Dorchester Co., Md. Examiner's 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME James Jollev Laura Rideout IS WAS DECEASED EYER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT writing the word "pending" is rworded to the Chief Medical (Yes, no or unknown) (If yes give wor or dates of service) Unknown Hattie M. Jolley. Sherwood. Maryland 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) NTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-IMMEDIATE (AUSE (a) Chronic alcoholism fatty liver **DUE TO** OFFY Conditions, if any, which gove (b) rise to immediate couse (a). forworded to ⊑ DUE TO stoling the underlying couse D and 0.5 lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE COND. TON GIVEN IN PART 1(6) 19 WAS AUTOPS) or removol, PERFORMED? NO please execute the certificate, 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of anusy in Post 1 or Port II of item 18" 3 should PRIMARY Or CONTRIBUTING should MESTAL EXAMINER: **CAUSE OF DEATH** cremot on, WEDICAL (City or fown 20e PLACE OF INJURY (Home form (Stote) 20c TIME OF NURY Month, Day, Year 20d INJURY OCCURRED foctory, street, office bldg., etc.) YOUR FUNERAL DIRECTOR: Page of work 2) I certify that I took charge of the remains described above, held an Autopsy [X], Inspection . Inquiry and n my apinian Natural causes 🔻 death resulted from Accident Su'cide Hamicide ( Undetermined manner be retained CHIEF MEDICAL EXAMINER Heo th prior to ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAM NER SIGNATURE 11/28/67 TO DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S Cambridge. NAME (Type Address (Street, city, town, or county) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BURIAT CREMATION 23d OCATION Cly Towns (Stote) 50 Nov. 25, 1967 Petersburg Cemetery Near Hurlock 2Sq RE' D BY REGISTRAR VR A15ME VINNETAC 6M 1/67 Framptom and Federalsburg, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

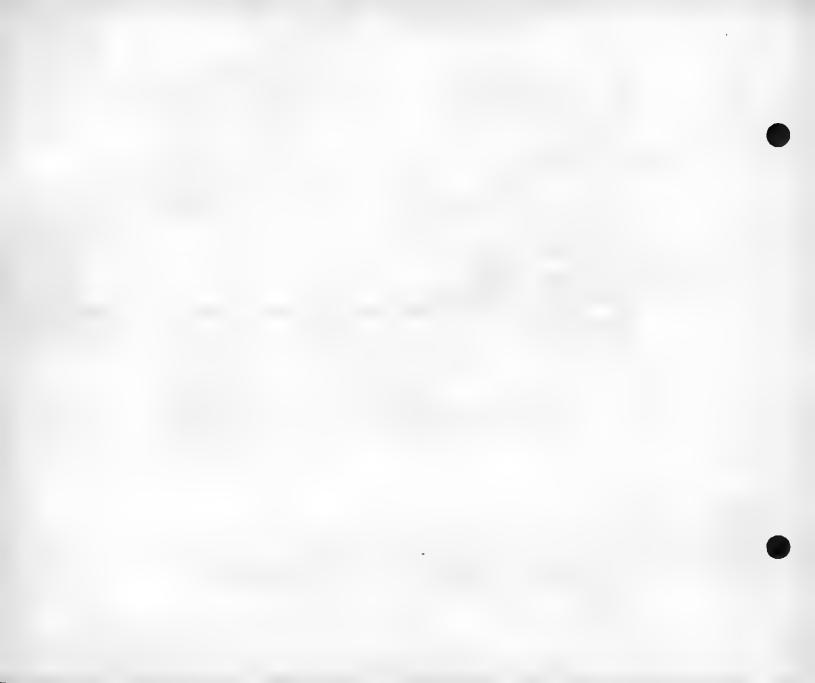


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased by ad if institution; Residence but to the case of e. COUNTY a. STATE b COLNTY Dorchester Maryland Bal MARYLAND Baltimore b. CITY OR TOWN if outside corpor " limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 1 day Rural-Cambridge Ellicott City 21043 d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street eddress, d STREET ADDRESS ON A FARM? DOA Cambridge Maryland Hospital 186 Meadowvale YES NO TO 3. NAME OF Midd e 4. DATE Year DECEASED Hyp or prot. Alfred William Kabernagel DEATH Nov. 19 67 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 19. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Male Months Days Hours April 16 , WIDOWED 1896 DIVORCED 10a USUAL OCCUPATION (Giva kind of work 10b, KIND OF BUSINESS OR NDUSTRY II BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Maryland Port Authority, Retired U.S.A. William Kabernagel Augusta Depkin 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown), (If yes give war or datas of sarvica. Mrs. Genevieve McCann Kabernagel 186 Meadowvale Rd. 18. CAUSE OF DEATH [Enter only one cause par line for (a. (b) and (cr. INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Coronary occlusion Mins. DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying causa last. PART J. OTHER S.GN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1891, 199, WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of nigry an Part I or Part II of Jem 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f (City or town) (County) (State) factory, straet, offica bldg., atc.) Hour n.m. While Not While al work al work 21. I certify that I took charge of the remains described above, held an Autopsy [1], Inspection 🛣 ]. Inquiry and in my opinion death resulted from-Natural causes X Accident Suicide [ Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 11/29/67 O DEPUTY please exect 4 should be O FUNER! DEPUTY MEDICAL EXAM NER EXAMINER'S John Mace Jr. NAME (Typa Address !Street, c ty town or county! Cambridge . Md. 228 BURIAL, CREMATION | 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City lown, or country) REMOVAL (Spacify) Baltimore National Baltimore Md SIGNATURE VR A15ME Henry Sander & Sons, Baltimore, Maryland 5M 1/62

TATE DEPARTMENT OF HEALTH



MARYIAND STATE DEPARTMENT OF HEALTH DIVISION OF WITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10530 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission. PLACE OF DEATH DORCHESTER a STATE b. COUNTY MARYLAND b CITY OR TOWN (If autside carparate imits, c LENGTH OF STAY IN 16 c CTY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) 20 DAY5 HEBRON RURA CAMBRIDGE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RES DENCE ON A FARM? Page 1 NO F YES NAME OF 4 DATE Year OF DEATH DECEASED KAIN 16 19 6 7 remove cof & UNDER 1 YEAR F JNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH 9 AGE ( n years last birthday) Haurs 7-15-0 DIVORCED ond in any ond 10a. USUA: OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CT ZEN OF WHAT during most of working life, even if retired) INDUSTRY LABERER WILMINGTON 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal, IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, na, ar unknown) (If yes give war or dates at service INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH al-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO for use as the burial-Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse by the hospitol or ottending this certificate has been 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTICIO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of njury in Port I or Port II of Item 18) 20g ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form, 20f (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year Hour 'o.m. Not While factory, street, affice bldg., etc.) at wark 21. I certify that (I) (this haspital) attended the deceased from 19\_\_\_, that (I) (we) last M, from causes and on the date stated above. Page 4 may be retained 19 67, and that death accurred at 13 saw the deceased alive an TO FUNERAL DIRECTOR: 22a. SIGNATUR **ATTENDING** director, poge should be filed 22d. ADDRESS 22c PHYSICIAN S 23b. DATE THEREOF 23c, ANAME OF CHMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL CREMATION (County) (State), 11/20/67 REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15331 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY o. STATE b. COUNTY CAROLINE MARYL AND DORCHESTER MARYLAND b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RURAL ond give neorest town)
RUR AL CAMBRIDGE YRS. DENTON d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RES DENCE ON A FARM EASTERN SHORE STATE HOSPITAL YES NO NAME OF First Middle 4 DATE Last Month Year DECEASED KLEIN Nov. 3 **GOTTLOB** 1967 (Type or print) DEATH .F UNDER 24 HRS IF UNDER 1 YEAR 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours 9/1/79 MALE WHITE WIDOWED DIVORCED 88 Do USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY TENHTRY? GERM ANY FARMER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHRISTIAN KLEIN FREDERIKA TRUMETER 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war or dates of service 213-50-4005 HOSPITAL RECORDS INJERVAL BETWEEN 18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c)) Lobar PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO cachexia Conditions, if any, which gave rise to immediate couse (a). DUE TO stoting the underlying couse (c) WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 1 of item 18) 20o ACCIDENT WAS JINDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF IN. JRY (Home, form, TIME OF N. JRY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour to m. Not While factory, street, office bldg., etc.) ot work L of work 1964 . to 19.67, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased from 1967 and that death accurred at 12:40M, from causes and on the date stated above saw the deceased alive an P.M. 22o SIGNATURE 22b DATE SIGNED ATTENDING MED STAFF 11/3/67 M.D. 22d ADDRESS NAME (Type) E.S.S. HOSPITAL. CAMBRIDGE. MD. BUR AL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LeCCATION (OF Town) (Stote) (County)

The law requires that the death certificate be executed within be retained by the hospital or attending prior to 9 f cote l OR ATTENDING PHYSICIAN: Ь detoched this DIRECTOR: director, page 3 should be filed v Page 4 may 1 2 VR A15 (4)

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FUNERAL DIRECTOR,

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25b REGISTRAR 5 SIGNATURE

DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH-DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission. o. COUNTY b COUNTY Dorchester Maryland Dorchester MARYLAND b CITY OR TOWN 11f outside corporate I mits C LENGTH OF STAY IN TO c CITY OR TOWN (If outside corporate I mits write RURAL and give nearest town) write RLRAL and give nearest town) East New Market 1 day Cambridge d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS h form Cambridge Md. Hospital YES X NO after death. 3 NAME OF Middle Lost 4 DATE Month First DECEASED OF Clara Mantik in pencif in Item 18, Give Mary Nov. 20 (Type or print) DEATH AGE ( n years S SEX 6 COLOR OR RACE 8 DATE OF BRTH FUNDER 1 YEAR IF UNDER 24 HRS 7 MARR ED NEVER MARRIED last birthdoy) Months White Aug 120, 1880 Female W DOWED K DIVORCED haurs after death This certificate shauld be executed within 24 haurs 11 BIRTHPLACE (State or foreign country) 100 USUAL OCC. PATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT INDUSTRY during most of working fe, even if retired) COUNTRY ? Home Housewife Poland USA e, writing the ward "pending" in pencil in farwarded to the Chief Medical Examiner's 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME John Safranski Anna Ciepenski 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address within 72 (Yes, no, or unknown) (If yes give wor or dotes of service) Mr. Robert Chambers, York, Pa. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) INTERVAL BETWEEN ONSET AND DEATH event PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) Coronary occlusion hn please execute the certificate, writing the ward 4201 DUE TO in any Conditions, if only, which gove rise to immediate couse (a). DUE TO stating the underlying couse 19 WAS AUTOPSY PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1501 remayal, 8 PERFORMED" NO IX CERT: FICAT 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of njury in Port I or Port II of item 18) 3 shauld PRIMARY Cor CONTRIBUTING CO CAUSE OF DEATH MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20f (Lity or town) (County) (Stote) factory, street, office bldg., etc.) Hour o.m. Not While of work at work 21 I certify that I took charge of the remains described above held an Autopsy Inspection X. Inquiry and in my apinion Natural couses 🛣 Accident . death resulted from: Suic de Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAM NER SIGNATURE 11/24/67DEPUTY MEDICAL EXAMINER [33] EXAMINER'S John Mace Jr. M.D. Health Cambridge . ad. Address (Street, city town, or county) 23c NAME OF I EMETERY OR CREMATORY 23b DATE THEREOF 230 BURIAL TREMATION 23d LOCATION (City or Town) REMOVAL (Specify) 24/67 Our Lady of Good Councel Dorchester. 25h RE - STRAR

VR A 15ME 5) 6M 1 67 William on



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. hours after death, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Dorchester Maryland Dorchester MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 1b about 10 vrs Cambridge Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE Cambridge, Maryland Hospital ON A FARM? 321 Henry Street NOX With 3. NAME OF ete First DATE Month Day Middle Last **OECEASEO** 0F SAYLOR T.UT.A METCALE 19 67 Nov. 211 event, (Type or print) DEATH executed 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS last birthday) | Months | Days | Hours | Min. 5. SEX 7. MARRIED NEVER MARRIED remove White Female March 12. in any WIDOWED X DIVORCED [ 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired)

HOUSEWIJE

10b. KIND OF BUSINESS OR INDUSTRY
HOUSEWIJE physician n please r 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) death certificate be COUNTRY? and Stoney Fork, Kentucky USA Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, attending phermit. Then Frank Savlor Olive Blizzard 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address permit. 6 (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Omie Cantrell, Cambridge, Maryland No cremation, unk 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL RETWEEN PHYSICIAN: The law requires that the -transit ONSET AND DEATH à PART I. DEATH WAS CAUSED BY: PULKONARY MINUTES EMBOLISM signed in interior IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b). peen gave rise to immediate まっ DUE TO cause (a), stating the underlying cause last. (c) 8 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY for use Health PERFORMED? certificate YES IN NO I 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) ached f (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING p.m. at work et work 11-83 19 67, to. 11-24, 1967, that (D)(we) last ď 21. I certify that (1) this hospital) attended the deceased from DIRECTOR: saw the deceased alive on 11-24 19 67, and that death occurred at 2.15 M, from the causes and on the date stated above. 3 sho 22a. SIGNATURE 22b. DATE SIGNED 11-27-67 ATTENDING M.D. DIRECTOR PHYS. 22d. ADDRESS CA PHYSICIAN'S 336 FUNERAL director, NAME (Type) should 1. De 21613 601.DKI 566 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF Cambridge, Maryland REMOVAL (Specify) Greenlawn Cemetery 2 FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE LeCompte Funeral Service, Cambridge, Maryland VR A15 (4) 20M 1/65

0 .

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13923 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATI 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, functioning Residence before admission) a. STATE o. COUNTY **b** COUNTY delay is ond 3 to Poge Porchester MARYLAND Dorchester c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits. & LENGTH OF STAY IN 16 puo write RURAL ond give negrest town)
Cambridge 35 Years Cambridge d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 4 should be forwarded to the Chief Medical Examiner's Office along with form-ON A FARM? each lossom Ave. YES NO TO Peach lossom be executed within 24 hours ofter death 3. NAME OF Middle 4 DATE Lost Dov Year permit. File pages land 2 with the St DECEASED Hilliam Louis DEATH TOV. 20 er er (Type or print) AGE (In years IF LNDER 1 YEAR IF LINDER 24 HRS S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Hours July 17.1 event within 72 hours ofter death Inite WIDOWED DIVORCED Iale 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS DR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even firet red) INDUSTRY COUNTRY ? et. Parmer Jambrid e L. D.

14. MOTHER'S MA DEN NAME 13 FATHER'S NAME Ferdin nd Clara Hage ever 72 Address eachhlogsor 15. WAS DECEASED EVER IN L.S. ARMED FORCES? 16. SOC AL SECURITY NO 17. INFORMANT (Yes, no, or unknown) ( I yes give wor or dates of service Elizabeth K. Never, Cambridge, Md INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter on y one couse per line for (o) (b), and (c).) PART I DEATH WAS CAUSED BY .MMEDIATE (AUSE (0) Coronary occlusion This certificate should please execute the certificate, writing the word DUE TO n ony Conditions, if any, which gove (b) nse to immediate couse (a), DUE TO stating the underlying couse be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (c) 19 WAS AUTOP'Y PERFORMED? or removol, CERTIFICATION NO I 200 EXTERNAL CALSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port Lor Port II of Item 1B.) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH cremotion, MEDICAL 20f (City or town) 20c TIME OF INJURY Month, Day, Year 20d JULRY OCCURRED 20e PLACE DF INJURY (Home, form (Stote) Not While Hour o.m. While foctory, street, office bldg., etc.) YOUR FUNERAL DIRECTOR: Page ot work of work Inspection 🗷 21. I certify that I taak charge of the remains described above, held an Autopsy Inquiry [ ] and in my apinian death resulted from. Natural causes X. Accident Suicide . Hamicide Undetermined manner the funeral director CHIEF MEDICAL EXAMINER ACTUAL 11/29/67 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health prior SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Cambridge, Md. John Mace NAME (Type Address (Street, city, town, or county) 230 BURIAL CREMATION NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF 50 0 REMOVAL (Specify) orchester I emorial Tark. Cambridge. d. 2So REC'D BY REGISTRAR 24, FUNERAL DIRECTOR 25b REGISTRAR S SIGNATURE VR ATSME trous Jambrid; e. Pd. 6M 1/67



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT	PLACE OF DEATH  o. COUNTY Dorchester  2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before odmission)  o. STATE Maryland b. COUNTYDorchester
delay and 3 Post	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cambridge  Cambridge  Cambridge
farm farm	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  513 Academy Street  6. IS RESIDENCE ON A FARM? YES NO X
r death we Pag g with the Sta	3 NAME OF DECEASED (Type or print) ROLAND A. Midd.e MOWBRAY 4 DATE Month Doy Year OF DEATH Nov. 24 19 67
rs afte 18. Gi ie aloni 2 with ath.	S SEX MARRIED NEVER MARRIED DIVORCED DI
24 hau in Item 's Offic s land fter dea	10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR linguistry Dirt linguistry Dirt linguistry Dirt linguistry USA
within pencil aminer le page haurs a	William Mowbray  M. MOTHER'S MAIDEN NAME Sallie Thomas
ruted v ng" in 1 dical Ex rmit Fil hin 72 h	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) unk  17. INFORMANT Mrs. Roland Woolford, RFD 3, Cambridge, Md
INER: This certificate should be executed within 24 haurs after death 1f any delay to certificate, writing the ward "pending" in penal in Item 18. Give Pages 1, 2, and 3 should be farwarded to the Chief Medical Examiner's Office along with farm 18. Give Pages 1, 2, and 3 files. 3 should be used as a burial-transit permit file pages land 2 with the State Departmentian, or remayal, and in any event within 72 haurs after death.	B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Coronary occlusion  Conditions, if any, which gave tise to immediate cause (a).  Stating the underlying cause  (c)  INTERVAL BETWEEN CAUSE (B)  Coronary occlusion  (b)  DUE TO  (c)
INER: This certine certificate, writh the certificate, writh should be farwandiles. 3 should be used tian, or remaval,	PART II OTHER SIGN-FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE CONDITION GIVEN IN PART I(o)  19 WAS AJTOPSY PERFORMED?  YES IND  X
INER: The certification of the	200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  200 EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.
(AMINI re the c raur file age 3 st ematian	20c. TIME OF INJURY Month, Doy, Year Hour a.m. p.m. 19 20d INJURY OCCURRED While of work of work
TO DEPUTY MEDICAL EXAMINER: This certine recessary, please execute the certificate, writh the funeral director. Page 4 should be farwant may be retained for your files.  TO FUNERAL DIRECTOR: Page 3 should be used Health prior to burial, cremation, or remaval,	21. I certify that I taak charge of the remains described abave, held an Autopsy, Inspection X_, Inquiry, and in my apinior death resulted from Natural couses X_, Accident, Suicide, Hamicide, Undetermined manner  ACTUAL SIGNATURE
To DE the f	230 BUR AL (REMATION, PROVIDED
VR A15ME (3)	24. FUNERAL DIRECTOR  ADDRESS LeCompte Funeral Service, Cambridge, Maryland  Part OV 29 1967  Clarke, Cudec



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VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY artland Dorcharter Dorchester MARYLAND Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) vears XXX Carbridge ld. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADORESS 6. IS RESIDENCE ed within 72 ON A FARM? YES NO X Talisman Lane Lane executed within completely. NAME OF DATE Month Day Middle Last DECEASED event, 1 overher (Type or print) DEATH Phelps 19 Laind 5. SEX 8. OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS remove 6. COLOR OR RACE 7. MARRIED [ NEVER MARRIEO any I and Fenale Whi te Tan. 10.1889 WIDOWED TO OIVORCED [ Ξ 10a, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician n please r The law requires that the death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Talbot. Maryland Housewife U.S. removal, 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME attending Clara Willis W. Laing 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address the attendit permit. 5 (Yes, no, or unkown) (If yes nive war or dates of service) Cambridge Md. cremation, Elzev Mrs. Emerson CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH þ al-trans PART I, OEATH WAS CAUSED BY: the hospital or attending physician, IMMEDIATE CAUSE (a) signed Jins been street the burial, co. Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. 8 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate YES NO F 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached for the Dept. of I S MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURREO 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) Hour a.m. Not While After at work at work p.m. B 21. I certify that (I) (this hospital) attended the deceased from 1967, that (I) (we) last DIRECTOR: age 3 should led with the 1967 saw the deceased alive on and that death occurred at M. from the causes and on the date stated above. SIGNATURE 22b. OATE SIGNED 22a. þe page filed ATTENDING PHYS. MEO. STAFF OIRECTOR may Page 4 may FUNERAL PHYSICIAN'S 22d. ADORESS director, p NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2 Dorchester Fem. Park Carbridge Burial Nov. IL AOORESS REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Cambrid e Md. VR A15 (4) 20M 1/65





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15335 15338 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH o. COUNTY o. STATE Maryland b. COUNTDorchester Dorchester MARYLAND LENGTH OF STAY IN 18 c EITY OR TOWN (if outside corporate imits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) . days Hurlock - Rural Cambridge d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Petersburg Cambridge-Maryland Hospital NO K YES crematian, or remayal, and in any event, withi NAME OF Middle carban First Lost 4 DATE Month Doy Year DECEASED **JACOB** LEHMAN PINCKNEY 21 19 67 (Type or print) November DEATH IF JNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED T lost birthdoy) Hours Oct. 8, 1892 Male Negro WIDOWED DIVORCED 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 700 JSUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) during most of working life even if retired)
Day Laborer COHNTRY INDUSTRY physician South Carolina Canning Factory 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME attending phy-Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. (Yes, no, or unknown) (If yes give wor or dates of service) 245-18-8475 Essie M. Washington, Hurlock, Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (v), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Corebral vascular accident IMMEDIATE CAUSE (o) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital ar attending physician. DUE TO burial Conditions, if only, which gove rise to immediate couse (a), **DUE TO** stating the underlying cause as the 19. WAS AUTOPSY PERFORMED? PART ILL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND. J. ON GIVEN IN PART 1(o) be detached far use State Dept. of Health YES No this certificate 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B.) 20o ACCIDENT WAS JNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (I) (this haspital) attended the deceased from 1000 . 179, to IVOV . 43, 190 (, that (1) (we) last 19 and that death accurred at\_ M, fram causes and on the date stated above FUNERAL DIRECTOR: saw the deceased alive an 10V 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR director, page 3 should be filed v M.D. PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) T assett. Ltreet. Camb. . Ed. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BURIAL, CREMATION, 23b DATE THEREOF ((ounty) REMOVAL (Specify) Near Rhodesdale, Maryland Nov.27.1967 Rhodesdale Cemeterv 2 2Sb REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) DEC 5 1967 JUFramptom and Son, Federalsburg, Maryland DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 203339 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH-DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased wed, if institution Residence before admission) b COUNTY Dorchester o COUNTY o STATE Dorchester Maryland MARYLAND delay E LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) and write RURA, and give nearest fawn) Life Wingate Wingate d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? form DOA Cambridge Maryland Hospital None YES NO X n Item 18. Give Poges This certificate should be executed within 24 hours ofter death 3 NAME OF First Middle Lost 4 DATE Month Year DECEASED (Type or print) TOMMIE certificate, writing the word "pending" in pencil in Item 18. Give Pould be forworded to the Chief Medical Exominer's Office along w L. POWLEY Nov. 13 19 67 DEATH IF UNDER 1 YEAR S SEX 6 COLOR OR RACE 7. MARRIED 8 DATE OF BIRTH LNDER 24 HRS NEVER MARRIED AGE (In years birthdoy) Months Doys Hours Male White Feb. 19, 1922 any event within 72 hours after deoth. MIDOWED DIVORCED 100 USUA, OCCUPATION (Give kind of work done during most of working life, even if retired)
Waterman 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT INDUSTRY Seafood Dorchester Co., Maryland COUNTRY? USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Thomas R. Powley Archie I. Jones 217-16-9224 15 WAS DECEASED EVER IN L S ARMED FORCES? 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Carrie F. Powley, Wingate, Maryland Yes WW 11 18 CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY CASET AND DEATH Carbon Monoxide poisoning EMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a). .⊑ DUE TO stating the underlying couse removol, 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) d NO X pe 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port or Port II of item 8) 3 should AL EXAMINER: Hose from exhaust ran into car. CAUSE OF DEATH cremotion, 20d IN.LRY OCCURRED 20c TIME OF INJURY Month, Doy, Year 20e P. ACE OF INJURY (Home form (City or town) Hour om foctory, street, office bldq , etc.) Not While of work may be retained for your FUNERAL DIRECTOR: Poge of work Md. Pm 11-13 19 67 Home Wingate Dor. please execute 21 I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion deoth resulted from Noturol couses Accident . Suicide X. Homicide Undetermined monner CHIEF MEDICAL EXAM.NER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAM NER SIGNATURE Health prior funerol TO DEPUTY DEPLTY MFDICAL EXAMINER 11/20/67 EXAMINER'S John Mace Jr. NAME (Type) Address (Street, city, town, or county) the 23c NAME OF CEMETERY OR CREMATORY 23d 10CATION (City or Town) 23o BLRIAL CREMATION. 23b DATE THEREOF (County) REMOVAL (Specify) Cambridge, Maryland Nov 15. 1967 Dorchester Memorial Park 24 FUNERAL DIRECTOR 25b REGISTRAR S S GNATURE 250 REC D BY REGISTRAR

LeCompte Funeral Service, Cambrid ge, Maryland

VR A15ME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15340 CERTIFICATE OF DEATH death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Dorchester o. COUNTY Marvland Dorchester MARYLAND sabb, b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN ID c CITY OR TOWN (If outside corporate im ts, write RURAL and give nearest town) write RURAL and give nearest tawn) 17 hours Vienna - Rural Cambridge PHYSICIAN: The law requires that the death certificate be executed within 24 hour B IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS filled is ON A FARM? R.F.D. Box 8A Cambridge-Maryland Hospital YES NO TO and in any event, with 3 NAME OF Middle DATE Month Day lost Year remove carban DECEASED HAZEL RIDEOUT November 18 19 67 MAE (Type or print) DEATH F UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE B DATE OF BIRTH 9. AGE (In years 7 MARRIED **NEVER MARRIED** X b ritiday) Doys February 17,1926 Female Negro WIDOWED DIVORCED 12 CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 105 KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) during most of working life, even it retired Clothing Factory COUNTRY? please Chester, Pennsylvania 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME cremation, or removal. affending phys Linwood Rideout, Sr. Rachel Dougherty 16 SOCIAL SECURITY NO IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) permit. 216-18-8343 Nona R. Jackson, Vienna, Md., RFD INTERVAL BETWEEN IB CAUSE OF DEATH (Enter only one couse per line fos (p), (b), and (a) the ONSE AND DEATH ronsit PART 1 OFATH WAS CAUSED BY signed by I MMEDIATE CAUSE (o) TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by OUE TO buriol. Conditions, if any, which gove (b) rise to immediate cause (a), **OUE TO** storing the underlying couse detached for use as the te Dept, af Health priar to PART HE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TON GIVEN IN PART 1(c) WAS AUTOPS' PERFORMED? CERTIFICATION YES NO 20% ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B) (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20c. TIME OF IN. JRY Month, Doy, Year 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While at work nt work 1967, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from 16-4-67. 1967. to 11-18 19 67, and that death occurred at 9:45 MMram causes and an the date stated above saw the deceased alive on\_ 22a\_SIGNATURE 22b. DATE SIGNED director, page 3 should be filed v DIRECTOR 22d. ADDRESS 22c. PHYSTCIAN'S NAME (Type) 23c NAME OF CEMETERY OR (REMATORY 230 BURIAL, CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) (County) REMOVAL (Sperily) Nov. 22, 1967 Reid's Grove Cemetery Near Reid's Grove Maryland
REGISTRAR 25b REGISTRAR S SIGNATURE FUNERAL DIRECTOR Framptom and Son, Federalsburg, Maryland DATE 250 REC'O BY REGISTRAR VR A15 (4) Alexela lugal 1967 25M 1/67



1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARY! AND
4		CERTIFICATE OF DEATH	* * * 2.1
	e heral Fand 2 er death.	1. PLACE OF DEATH  1. 2. USUAL RESIDENCE (Where deceased lived, If Institution	Residence before admission)
	d in by the Trans. Pages It	b. CITY OR TOWN (if outside corporate limits, write RURAL and give Dearget town).  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give Dearget town).	tAL and give nearest town)
	24 Page	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ACCRESS  31.6 undary Ave.,	0. IS RESIDENCE ON A FARM? YES NO (
	requires that the death certificate be executed within ding physician. been signed by the attending physician and completely, the burial-transit permit. Then please remove carbon for to burial, cremation, or removal, and in any event, with	3. NAME OF First Middle Last 4. OATE Month DECEASED	Day Year
	ted 1 comp ve ca event	(Type or print) Thillips Lee Fobbias DEATH Tov.1(,1)  5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. OATE OF BIRTH   9. AGE (in years   IFUND   1   1   1   1   1   1   1   1   1	DER 1 YEAR IF UNDER 24 HRS.
	and emol	ale White WIDOWED OIVORCED Tune 1,1372 65 yrs.	
	be cian ase a	during most of working life, even If retired) INDUSTRY	COUNTRY?
	physical phy	Cambridge  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	U.S.
	ertifi Jing Ther emov	Jaros W. Rollins Eva Lyons	
	th cuttend	15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address (Yes, no, or unknown) (If yes give war or dates of service)	ourdary ave
	dea the a	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	t the in. by t ansit ansit rema	PART I. DEATH WAS CAUSED BY: CEFELL FOR ALL HELDEN ACCIDEN	ONSET AND DEATH
	that sicis gned ial-tr ial, c	DUE TO	
	uires g phy en si bur	Conditions, If any, which gave rise to immediate (b)	
	ndining be be to the fort	cause (a), stating the DUE TO underlying cause last.	
	atte atte has se as		(a) 19. WAS AUTOPSY PERFORMED?
	The	E DIA-12E. MELLINUES	YES NO
	SICIAN hospits certis ched f	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II  20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. JIRECTOR: After this certificate has been signed by ge 3 should be detached for use as the burial-transed with the State Dept. of Health prior to burial, cra	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While at work at work at work	County) (State)
	NDIN ned I	21. I certify that (I) (this hospital) attended the deceased from / You 196/, to / 6 NOV 19	that (I) (we) last
	ATTE retail CTO sho sho vith t	saw the deceased alive on 194 and that death occurred at 1:3 M, from the causes and or	n the date stated above.
	OR be not	M.O. ATTENOING MEO. OIRECTOR PHYS.	1/17/67
	TO HOSPITAL OR Page 4 may be FUNERAL DIRE director, page 3 should be filed by	22c. PHYSICIAN'S NAME (Type) L'E. GUNFY (ST) 22d. ADDRESS (TICE N	1A-RY LAM
	Page Fu direc	23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or REMOVAL (Specify)	
	= = 2	Purial Nov. 1). 1767 East Ley Larket Cometery East Yew	Farket, Md.
	VR A15 (4)	Lewelth. Thomas corpride of d. DATE NOV 24 1967 3	1 0
	20M 1/65	TORIC TOVE TO TO	Judge -





	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAY CERTIFICATE OF DEATH	RYLAND
1	a. CDUNTY Dorchester MARYLAND a. STATE aryland b. COUNTY orch	nester
	b. CITY DR TDWN (if outside corporate limits, write RURAL and Rive nearest town)  Cambridge  c. LENGTH DF STAY IN 1b  C. CITY DR TDWN (if outside corporate limits, write RURAL and Colden Hill	d give nearest tow
	d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS  Cambridge-Naryland Hospital Rural	e. IS RESIDENCE ON A FARM? YES NO
100	(Type or print) (resa Anna Strasinger DEATH lov.8,1967	Day Year 19
	G. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE (In years   FUNDER 191   last birthday)   Months   Date   Months   Months   Date   Months	ys Hours Min
	Homemaker INDUSTRY Baltimore COUN	TRY?
	3. FATHER'S NAME Seraphin Oberle Unknown	
(	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (164, no, or unknown) (174 yes give war or dates of service) (184 yes give war or dates of service) (184 yes give war or dates of service)	ek, d.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  Convacy Feart D create	NIERVAL BETWEEN ONSET AND DEATH MICROSIC  VICTORIAN  VI
CEDTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL		) (State)
	21. I certify that (I) (this hospital) attended the deceased from ///// 19 to //// 19 saw the deceased alive on ///// 19 and that death occurred at M, from the causes and on the	, that (I) (we) land date stated above Signer 7
	Ba. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county REMOVAL ISPECTOR NOV.11,1767 East New Yarket Cemetery, Tast New	rket Nd



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death 2. USUAL RESIDENCE (Where deceased lived, f institution, Residence before admission PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND TALBOT DORCHESTER MARYLAND\_ b CITY OR TOWN (If outside carporate limits, c LENGTH OF STAY IN 15 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) write RURAL and give neorest town) CAMBRIDGE (RURAL) WITTMA N 6 MONTHS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) S RESIDENCE d. STREET ADDRESS ON A FARM? EASTERN SHORE STATE HOSPITAL YES NO DX NAME OF Last 4 DATE Manth Day Year DECEASED OF 22 19 67 NOVEMBER THOMAS SOPHIE (Type or pant) DEATH and in any event, IF LINDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years last birthday) Haurs 10/01/85 WIDOWEDXIX NEGRO 1Da. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Nones LABORER 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, or removal. ALDRIOGE 15 WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service EASTERN SHORE STATE HOSPITA RECORDS OF 18 CAUSE OF DEATH (Enter only one cause per line for (a) PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH signed by the burial-transit IMMEDIATE CAUSE (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that Page 4 may be retained by the haspital ar attending physician. DUE TO Canditians, if any, which gave (b) rise to immediate cause (a), er th.s certificate has been sight of the bate of the bate of the bate Dept. of Health prior tab DUE TO stating the underlying cause Rummia 19. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF NJURY Month, Day, Year 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Hame farm (City or town) (Caunty) (Stote) Haur am Nat White factory, street, affice bldg etc.) director, page 3 shauld be de shauld be filed with the State V 25( 19 21. I certify that (1) (this hashital) attended the deceased from 05/09 and that death accurred at 3 35 PM, from causes and on the date stated above. saw the deceased alive an TO FUNERAL DIRECTOR: 22a. SIGNATURE 22b DATE SIGNED M.D. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) EASTERN SHORE STATE HOSPITAL STEPHEN H KAUFMAN M.D. BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15342 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY a. STATE b. COUNTY DOR CHE STER MARYLAND MARYL AND WICOMICO b CITY OR TOWN (If autside carparate limits, r LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) 28 YRS. NANTICOKE RURAL CAMBRIDGE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENC d STREET ADDRESS ON A FARMS EASTERN SHORE STATE HOSPITAL YES NO NAME OF Middle First Last 4 DATE Day Year DECEASED (Type or pont) ROSE TRAVERS OF Nov. 19 67 DEATH 6 COLOR OR RACE 9. AGF (In years IF .. NDER 1 YEAR IF LINDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) remove Manths Haurs 4/26/03 and in any WHITE WIDOWED DIVORCED FEMALE pup 10b KIND OF BUSINESS OR 10a USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT please during most of working life, even if retired) INDUSTRY 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar removal. Ing phy SARAH ELIZABETH TAYLOR FRANK M. TRAVERS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give wor or dates af service HOSPITAL RECORDS NO crematian. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH burial-transit recentre IMMEDIATE CAUSE (a) DUE TO signed buria!, Conditions, if any, which gave (b) rise ta immediate cause (a), **DUE TO** as been as the priar to stating the underlying couse by the haspital or attending last. (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) has Health CERTIFICATION PIRFORMED? .frcate NO 20a ACCIDENT WAS JNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH Dept. of etached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) Hour o.m. Not While factory, street, office bldg., etc.) at wark 🗀 at work 19 39 to 4/4 19 67, that (I) (we) lost 21. I certify that (1) (this hospital) attended the deceased from Page 4 may be retained 3 should with the 67, and that death accurred of M, from couses and on the date stated above FUNERAL DIRECTOR: saw the deceosed alive an 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D PHYS director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S FERNAL NAME (Type) NAME OF CEMETERY OR CREMATORY 23a BURIA, CREMATION (County) (State) REMIOVAL (Specify) MIX 2 DIRECTOR DATE



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within, 24 hours ofter death . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY b CITY OR TOWN (if outside corporate limits, CLENGTH OF STAY IN 16 C CITY OR TOWN of outside corporate mits, write RURAL and give nearest town) write RURAL and give nearest town Ambridge e IS RESIDENCE ON A FARM? NO 🔽 NAME OF Middle 4 DATE Month Year carbò DECEASED (Type or print) DEATH IF JNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years 7 MARRIED **NEVER MARRIED** WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY VATERMAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI or remova 17. INFORMANT 16 SOCIAL SECURITY NO 18 CAUSE OF DEATH (Enter only one couse per lip# for (a)2(b) signed by the burial-transit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gave 1 use to immediate couse (o). DUE TO stoting the underlying couse or offending 19 WAS AUTOPS' PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) certificote hos NO 200 ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or fown) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) While Not While of work ot work 21. I certify that (I) (this haspital) attended the deceased from 19\_\_\_\_, that (I) (we) last be retained DIRECTOR: saw the deceased alive an and that death accurred at M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR director, page should be filed 22c PHYSICIAN S **ADDRESS** Page 4 may TO FUNERAL 230 BJRIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) REMOVAL (Specify) Dorchester l'amorial Park Cambridge Md 250. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4)



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before numission) a. COUNTY b. COUNTY Dorchester Maryland Dorchester MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) about 30 yrs. Cambridge Cambridge borr papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Cambridge Maryland Hospital 110 Talbot Avenue NO X 3. NAME OF DECEASED Month First Middle Last DATE Dav OF DEATH JOSEPH EDWARD WALTER event. comple (Type or print) Nov. 19 67 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS anii con remove 5. SEX 8. DATE OF BIRTH last birthday) Nov. 29, 1912 Male White Months Davs any WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Postmaster

10b. KIND OF BUSINESS OR INDUSTRY

INDUSTRY

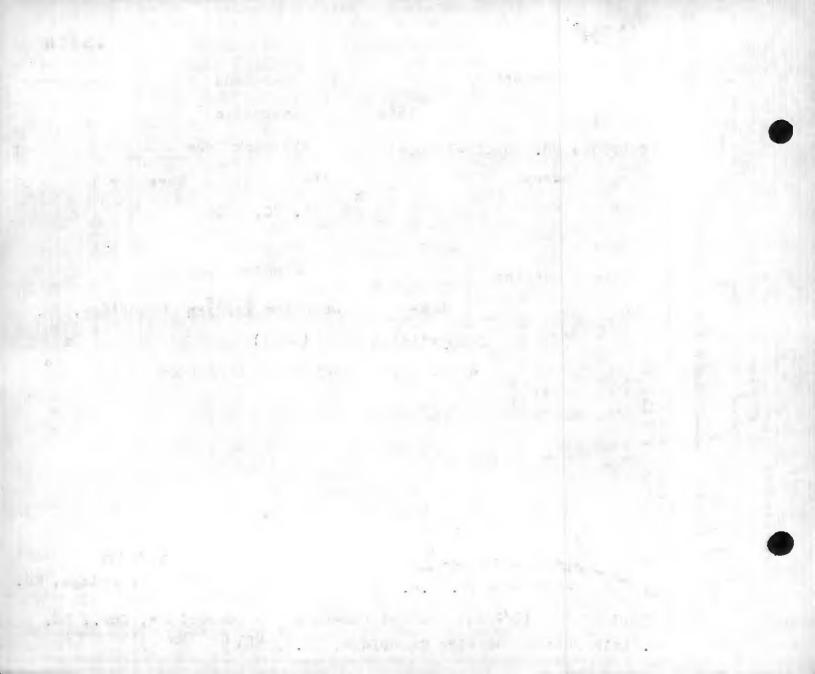
U. S. Mail Ξ 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physicia■ death certificate be COUNTRY? Dorchester Co., Maryland USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Joseph Edward Walter, Sr Nellie Tyler 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, ng, or unkown) (If yes give war or dates of service) Mrs. Ella Walter, Cambridge, Maryland 214-10-0949 INTERVAL BETWEEN 18. CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RCINOMA-DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATI certificate No 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After While Not While p.m. at work at work 196 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: Jage 3 should lied with the \_M, from the causes and on the date stated above. saw the deceased alive on... and that death occurred at 228 SIGNATURE 22b. DATE SIGNED filed FUNERAL PHYSICIAN'S TO FUNERAL director, p 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Nov 10, 1967 Dorchester Memorial Park Cambridge, Maryland Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR LeCompte Funeral Service, Cambrid ge, Maryland VR A15 (4)

STATE DEPARTMENT OF HEALTH



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MEDICAL CERTIFICATION





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